(FORM MUST BE FILLED OUT IN BLACK INK OR TYPED)

CERTIFICATE OF BUSINESS NAME FOR CORPORATIONS

CERTIFICATE REQUIRED TO BE FILED BY A CORPORATION CONDUCTING BUSINESS IN THE COMMONWEALTH OF VIRGINIA UNDER AN ASSUMED OR FICTITIOUS NAME

We hereby certify in accordance with the provisions of 59.1-69 of the 1950 Code of Virginia that we are conducting the business of

(Type of business)			
at			,
(Street Address) (C Loudoun County, Virginia under		and zip)	(Phone #)
and that no other Corporation had we are the sole owners and prop		ny kind in said b	
(Street address)	(City)	(St	tate and zip)
and the Corporation's Registered	Agent's name is:		
Registered Agent's address is: _			
Virginia on theday of			
	Name	of Corporation	
	Ву:		
	Title:		
Commonwealth of Virginia County of Loudoun, to-wit: I, the undersigned Deputy Clerk County aforesaid, do hereby cert is signed to the foregoing and he	(Notary Public) in cify thatereunto annexed Cethis day personally me in my office.	and for the Com ertificate dated t appeared befor	nmonwealth and whose name the day of e me and
Try Commission expires.	Deputy (Clerk (Notary Pu	ıblic)